

Claim Appeals, Adjustments and Voids

NEVADA MEDICAID AND NEVADA CHECK UP

Agenda


- Claim Appeals
- CMS-1500 Adjustments and Voids
- UB-04 Adjustments and Voids
- ADA Adjustments and Voids
- Resources
- Contact Information
- Questions




Claim Appeals, Adjustments and Voids




Formal Claim Appeal Request Form FA-90




Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal



Preferred Drug List Announcements [ [Review](#)]

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Announcements/Newsletters	Billing Information	Electronic Claims/EDI	E-Prescribing	Forms	NDC	Provider Enrollment	Provider Training

Form Number	
FA-90	 Formal Claim Appeal Request



Timely Filing for Claim Appeal Requests

- Appeal Requests must be postmarked no later than 30 calendar days from the date of the initial Remittance Advice (RA) listing the claim as denied
- An additional 30 calendar days is not allowed when an identical claim has been subsequently submitted



Documentation for Claim Appeal Requests

- A completed FA-90 form or a cover letter including all information listed on the FA-90 form
- An original paper claim that can be used for processing should the appeal be approved
- Documentation to support the Claim Appeal, such as:
 - Prior authorization
 - Medical records



Do Not Appeal

- Pended claims
- Claims denied for missing, invalid or incorrect information
- Claims that have never been processed by Nevada Medicaid
- Claims that have denied due to an error identified by a web announcement

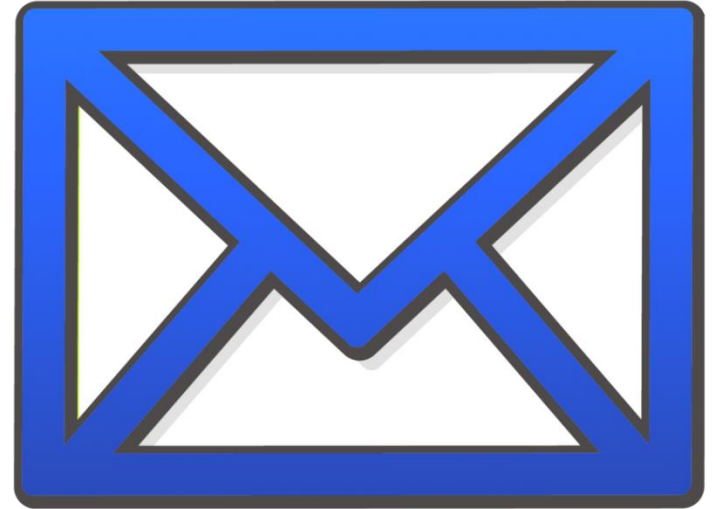


Addresses for Claim Appeal Requests

HP Enterprise Services
Attention: Appeals
P.O. Box 30042
Reno, NV. 89520-3042

Or:

ProviderClaimAppeals@hp.com



Claim Appeal Requests: Next Steps

- The appeal is researched and a copy of all documentation used in the determination process is retained
- A Notice of Decision (NOD) is sent indicating that the appeal has been received and accepted, or rejected
- If the appeal was accepted, an additional NOD is sent when the determination is completed advising if the appeal was approved or denied

Appeal Received



Notice of Receipt: Appeal Received

Notice Date:

Attention :

Provider NPI/API:

Appeal Number:

Appeal Received

We have received your appeal for the claim with Internal Control Number(s) for recipient on dates of service:

-

Your appeal was received on . We will review and respond to your appeal within 30 days from the date received.

If you have questions, please call our Customer Service Center at (877) 638- 3472

Thank you,

HP Enterprise Services
Appeals Unit

Appeal Rejected



Notice: Appeal Rejected

Notice Date:

Attention:

Provider NPI/API:

Appeal Number:

Appeal Rejected

Your request for appeal has been rejected for the reasons specified below. Appeal procedures are discussed in the Provider Billing Manual at <http://medicaid.nv.gov> (select *Billing Information* from the Provider's menu) and in the Medicaid Services Manual, Chapter 100. If you have any questions, please call (877) 638-3472.

Appeal Approved



Notice of Decision: Appeal Approved

Notice Date: _____

Attention:

Provider NPI/API:

Appeal Number:

Appeal Approved

HP Enterprise Services has approved your appeal for the claim with Internal Control Number for recipient on date(s) of service:

We will reprocess this claim and the results will be shown on a future remittance advice.

If you have any questions, please call the Customer Service Center at (877) 638-3472.

Thank you,

HP Enterprise Services
Provider Appeals Unit



Appeal Denied



Notice of Decision: Appeal Denied

Notice Date:
5/29/2012

, NV

Attention:
Provider NPI/API:
Appeal Number:

Appeal Denied

After a thorough review, HP Enterprise Services has denied your appeal for the claim with Internal Control Number for recipient on dates of service:

Your appeal was denied for the following reasons:

If you do not agree with this decision, you may request a Fair Hearing by submitting:

- (1) copy of this letter with the bottom portion completed,
- (2) a copy of the remittance advice pages showing the denial,
- (3) a copy of the original signed claim and
- (4) supporting documentation (such as prior authorization, physician's notes, ER reports).

Mail this information to: Hearings Supervisor, Nevada Medicaid, 1100 E. Williams St. Ste. 102, Carson City, NV 89701. Fair Hearing requests must be received within 90 days of this notice. The day after the Notice Date shown above is the first day of the 90-day period. At the Fair Hearing, you will be represented by yourself or by legal counsel.

I hereby request a Fair Hearing in regards to the denial of the claim listed above.

Name: _____

Contact Phone: _____

Provider's Legal Counsel (if applicable): _____

Legal Counsel's mailing address: _____

Legal counsel's phone: _____

Signature _____

Date: _____



Fair Hearing

- Instructions for requesting a Fair Hearing are included with the Appeal Denied NOD
- Fair Hearings are requested through the Division of Health Care Financing and Policy (DHCFP)
- Fair Hearing Requests must be received no later than 90 days from the notice date showing the appeal was denied; the day after the notice date is considered the first day of the 90-day period
- For additional information concerning Fair Hearings, please refer to the Medicaid Services Manual (MSM) Chapter 3100

Claim Adjustments and Voids

- Only paid claims can be adjusted or voided; this includes zero paid claims
- If a claim has been denied due to missing, invalid or incorrect information, please make the necessary corrections and submit a new claim (not an adjustment or void)



Timely Filing for Claim Adjustments and Voids

Claim Adjustment and Void Requests must be received within:

- 180 days of the date of service, or date of eligibility decision, whichever is later for in-state providers and claims with no Third Party Liability (TPL)
- 365 days of the date of service, or date of eligibility decision, whichever is later for out-of-state providers and claims with Third Party Liability (TPL)



Claim Adjustment Reason Codes

Code	Definition
1021	Late charges received by facility business office
1023	Primary carrier has made additional payment
1028	Correcting procedure/service code
1029	Correcting diagnosis code
1030	Correcting charges
1031	Correcting units, visits or studies
1034	Correcting quantity dispensed
1035	Correcting drug code
1037	Services not covered by Medicare
1041	Incorrect amount paid for original claim
1042	Original claim has multiple incorrect items
1053	Adjustment (miscellaneous)



Claim Void Reason Codes

Code	Description
1044	Wrong provider identifier used
1045	Wrong Recipient ID used
1047	Duplicate payment
1048	Primary carrier has paid full charges
1052	Miscellaneous
1060	Other insurance is available

Adjusting or Voiding a CMS-1500 Claim Form

- In the first portion of Field 22, include the most appropriate adjustment reason code that identifies why the claim is being adjusted or voided
- In the second portion of Field 22, include the last paid Internal Control Number (ICN)



Adjusting or Voiding a UB-04 Claim Form

- Field 4: Use “7” as the last digit in the Type of Bill Code for adjustments; use “8” as the last digit in the Type of Bill Code for voids
- Field 64: Include the last paid ICN
- Field 75: Include the most appropriate adjustment reason code that identifies why the claim is being adjusted or voided

Adjusting or Voiding an ADA Claim Form

Submit a cover letter that includes:

- ICN to be adjusted or voided
- Reason for the adjustment or void
- Name and phone number of individual submitting the adjustment or void request

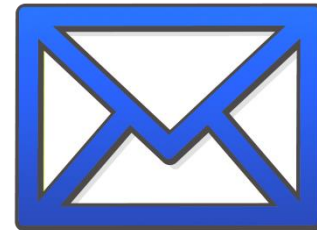
Note: Adjustment requests must include an original, paper claim billed per the adjustment requested.



Addresses for Adjustments and Voids

HP Enterprise Services
Attention: Customer Service
P.O. Box 30042
Reno, NV. 89520-3042

*CMS-1500 and UB-04 void requests and non-Medicare primary claim adjustment requests can be submitted electronically.



Resources



Resources

Claim inquiries and general information:

**Call the Customer Service Center
(877) 638-3472**

Find web announcements, the Billing Manual, billing guidelines, forms, etc., on the Nevada Medicaid website:

www.medicaid.nv.gov

Find the Medicaid Services Manual, rates, policy, updates and public notices on the DHCFP website:

dhcfp.nv.gov

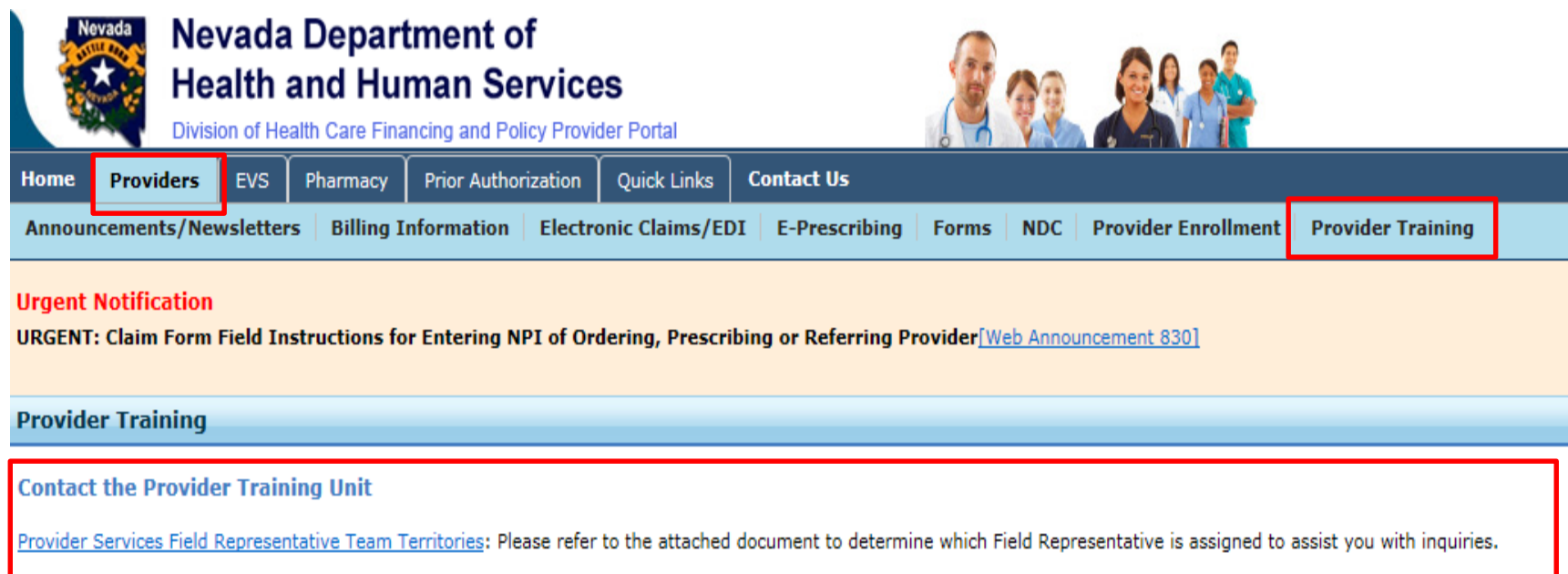


Resources

Provider Training:

NevadaProviderTraining@HP.com

Or:



Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

Providers | EVS | Pharmacy | Prior Authorization | Quick Links | Contact Us

Announcements/Newsletters | Billing Information | Electronic Claims/EDI | E-Prescribing | Forms | NDC | Provider Enrollment | **Provider Training**

Urgent Notification
URGENT: Claim Form Field Instructions for Entering NPI of Ordering, Prescribing or Referring Provider [\[Web Announcement 830\]](#)

Provider Training

Contact the Provider Training Unit

[Provider Services Field Representative Team Territories](#): Please refer to the attached document to determine which Field Representative is assigned to assist you with inquiries.

Questions